

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073583

1. Entity Name

LAKESIDE-MAINGATE HOTEL CORP.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90110 040 ***150.00

Principal Place of Business
TOLLMAN-HUNDLEY HOTEL, 1886 RTE. 52
HOPEWELL JUNCTION NY 12533

Mailing Address
TOLLMAN-HUNDLEY HOTEL, 1886 RTE. 52
HOPEWELL JUNCTION NY 12533

2. Principal Place of Business
2424 ROUTE 52
Suite, Apt. #, etc.

3. Mailing Address
2424 ROUTE 52
Suite, Apt. #, etc.

City & State
Hopewell Jct NY
Zip 12533 Country USA

City & State
Hopewell Jct NY
Zip 12533 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2346351
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KENDZIERA, CRAIG	
STREET ADDRESS	TOLLMAN-HUNDLEY HOTEL, 1886 RTE. 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNDLEY, CHARLES D	
STREET ADDRESS	TOLLMAN-HUNDLEY HOTEL, 1886 RTE. 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLLMAN, BRETT G	
STREET ADDRESS	TOLLMAN-HUNDLEY HOTEL, 1886 RTE. 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLMAN, BRETT G	
STREET ADDRESS	2424 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLEMMONS, JOBBE	
STREET ADDRESS	2424 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Jobbe Plemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

Daytime Phone #

034 (9/99)